

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023496

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 190

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 25 1963

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton, Missouri		c. CITY OR TOWN St. Louis	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR State Hospital No. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2125 St. Louis
3. NAME OF DECEASED (Type or print) First Virgil Middle L. Last Williams		4. DATE OF DEATH Month 6 Day 20 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-16-08
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY same	9. AGE (last birthday) 55
11a. BIRTHPLACE (City and state or country) Georgia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Isiah Williams		13b. MOTHER'S MAIDEN NAME Henrietta Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		17. INFORMANT Address State Hospital No. 1, Fulton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Brain Syndrome due to Doriden intoxication.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:55 a.m. AM Month, Day, Year 4/5/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Fulton, Missouri	
21. I attended the deceased from 4/5/62 to 6/20/63 Death occurred at 12:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Fred P. Handlen MD	
22b. ADDRESS Fulton, Missouri		22c. DATE SIGNED 20 June 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 24, 1963	23c. NAME OF CEMETERY OR CREMATORY Vax Cemetery	23d. LOCATION (City, town, or county) Silver Creek Ga
24. FUNERAL DIRECTOR Browning Funeral Home Fulton		25. DATE RECD. BY LOCAL REG. June 20 1963	
26. REGISTRAR'S SIGNATURE Maretha Lawrence			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED
7-31-63

2a. **suicide**

BY AFFIDAVIT OF **attending physician** DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1963

JUN 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Hullon, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.